

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10804107

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2	0	2		
5	1					
6		1				
7		2		2		
8		1				
9		1				
10		1				
11		1	1			
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TOTAL IND.	2		5			
TOTAL DEP.	13		10			
TOTAL CLAIMS	15		15			

	IND	DEP	IND	DEP	IND	DEP
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